STATEMENT OF CONSIDERATION RELATING TO
907 KAR 1:835

Department for Medicaid Services
Amended After Comments

(1) A public hearing regarding 907 KAR 1:835 was not requested and; therefore, not held.

(2) The following individuals submitted written comments regarding 907 KAR 1:835:

Name and Title	Organization/Agency/Other Entity
Steve Shannon, Executive Director	Kentucky Association of Regional Mental Health & Mental Retardation Programs, Inc. (KARP)
Johnny Callebs, First Vice President of Public Policy	Kentucky Association of Private Providers (KAPP)
William S. Dolan, Staff Attorney Supervisor	Protection & Advocacy (P&A)
Lisa Willner, Ph.D., Executive Director	Kentucky Psychological Association

(3) The following individuals from the promulgating agency responded to comments received regarding 907 KAR 1:835:

Name and Title	Organization/Agency/Other Entity
Stuart Owen, Regulation Coordinator	Department for Medicaid Services
Sheila Davis, Manager	Department for Medicaid Services, Division of Community Alternatives, Mental Health/Intellectual and Developmental Disabilities Branch

SUMMARY OF COMMENTS AND AGENCY'S RESPONSES

(1) Subject: Psychologist-Related Definitions

(a) Comment: Lisa Willner, Executive Director, Kentucky Psychological Association, stated:

"Section 1(9) Definition of "'Certified psychologist with autonomous functioning' or licensed 'psychological practitioner'

Comment: "The terminology that has historically been used in this regulation regarding the Michelle P. Waiver program does not accurately reflect the titles of psychological providers who are licensed by the Kentucky Board of Examiners of psychology to independently provide psychological services in the Commonwealth. One group are professionals who have a doctoral degree and are licensed under KRS 319.050. Their title which is not referenced in the current regulation, is 'Licensed Psychologist.'

The other groups are professionals who have a Master's degree and who are licensed under KRS 319.053 and KRS 319.056 to practice psychology at an independent (unsupervised) level. They have the title: 'Certified Psychologist with Autonomous Functioning' or the title 'Licensed Psychological Practitioner'.

We request that 907 KAR 1:835 be amended to correct the title references in the current regulation to bring them into compliance with the statue, as noted in the Addendum at the end of this letter. Also, KRS 319 was revised by the 2010 KY General Assembly, and the term 'psychologist' is not defined in KRS 319.010(9), not (8).

We request that this be done by deleting (9) and (38)[(~~37~~)] in Section 1 and inserting the bold, underlined language below in Section 1, (37) [(~~36~~)]:

In Section 1. Defintions
Delete (9) 'Certified psychologist....'
In (37) [(~~36~~)] Revise the language as: 'Psychologist' is defined by KRS 319.010 (**9**)[(~~8~~)] **and includes 'Licensed psychologist' definition in KRS 319.050; 'Certified psychologist with autonomous functioning defined in KRS 319.053; and 'Licensed psychological practitioner defined in KRS 319.056;**

Delete (38)[(~~37~~)] 'psychological with autonomous....'"

(b) Response: Via an "amended after comments" administrative regulation the Department for Medicaid Services (DMS) is deleting the definition for "psychologist with autonomous functioning and is inserted the following definitions of "licensed psychologist" and "licensed psychological practitioner" respectively:

"(26) "Licensed psychologist" means an individual who:
(a) Currently possesses a licensed psychologist licensed in accordance with KRS 319.010(6); and
(b) Meets the licensed psychologist requirements established in 201 KAR Chapter 26.

(27) "Licensed psychological practitioner" means an individual who:
(a) Meets the requirements established in KRS 319.053; or
(b) Is a certified psychologist with autonomous functioning."

(2) Subject: Enrollment

(a) Comment: William S. Nolan, Staff Attorney Supervisor, Protection and Advocacy stated:

"Comment: Will those individuals who meet the urgent SCL category of need (907 KAR 1:145, 7 (7)(b) now 907 KAR 12:010, 7 (5)(b)) still maintain first priority enrollment for Michelle P.?

(b) Response: Unlike the SCL Waiver Program waiting list there are no categories of need for the Michelle P. Waiver Program waiting list.

(3) Subject: Notice of Other Services

(a) Comment: William S. Nolan, Staff Attorney Supervisor, Protection and Advocacy commented:

"Section 11. Michelle P. Program Waiting List

Comment: "We recommend adding the following as the cabinet has a federal duty to inform those eligible for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services about EPSDT. Many individuals who apply for Michelle P. will be under the age of 21 and possibly EPSDT eligible. See 42 U.S.C. 1396a(a)(43)(A) (a State Medicaid plan must provide for informing those under 21 about the availability of EPSDT services).

(10) An individual who is placed on the Michelle P. waiting list shall be informed about and told how to apply for other Medicaid services for which he or she might qualify including but not limited to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services."

(b) Response: Via an "amended after comments" administrative regulation DMS is adding the following language:

"(10) An individual who is:
(a) At least twenty-one (21) years of age and who is placed on the Michelle P. Waiver Program waiting list shall be informed about and told how to apply for Medicaid state plan services for which the individual might qualify; or
(b) Under twenty-one (21) years of age and who is placed on the Michelle P. Waiver Program waiting list shall be informed about:
1. And told how to apply for Medicaid state plan services for which the individual might qualify; and
2. Early and Periodic Screening, Diagnostic, and Treatment services."

As explanation, the Legislative Research Commission prohibits the use of the phrase "including but not limited to" in administrative regulation as it is considered "ambiguous" which violates administrative regulation drafting requirements pursuant to KRS

13A.222(4).

(4) Subject: Conflict Free Case Management

(a) Comment: Steve Shannon, Executive Director of KARP, stated:

"Comment: It is the understanding of KARP and its eleven member CMHC that the Michelle P. regulation will go through another revision and corresponding public comment period. The proposed revisions may results in the Michelle P. waiver services being more consistent with the SCL II waiver services as outlined in 907 KAR 12:010. A primary concern which was not addressed in the current proposed changes to the Michelle P. waiver regulation are the case management and supported employment rates. It was our understanding that the Michelle P. case management and supported employment rates would be increased to match the SCL case management rate of $320 per month and the SCL supported employment rates of $10.25 per on quarter hour unit.

It is recommended the following language be added to Section 7. (1) (c) 8.

8. An exemption to the conflict free requirement shall be granted if:
a. A participant requests the exemption; and
b. The participant's case manager provides documentation to DBHDID:
a. Provides evidence that there is a lack of a qualified case manager within thirty (30) miles of the participant's residence; or
b. There is a relationship between the participant and the participant's case manager.
c. A request to receive a case management service that is not conflict free shall accompany each prior authorization request for the case management service.

The proposed language will result in individuals who are participating in the Michelle P. waiver being treated equitably with individuals who are participating in the SCL waiver in terms of access to case management services. Both waivers will enable individuals to request an exemption to conflict free case management based upon either geographical proximity or established relationship with a case manager.

The implementation of a waiting list for Michelle P. services will result in more individuals accessing supports through state general fund dollars distributed by the Department of Behavioral Health and Developmental and Intellectual Disabilities Services. As the individuals on the waiting list gain access to Michelle P. waiver services, they should not be forced to discontinue case management relationships solely due to access a new funding source."

Therefore, it is recommended the case management exemption protocol delineated in 907 KAR 12:020 be applied to Michelle P. waiver case management services."

(b) Response: DMS inserted an exception to the conflict free requirement during the initial implementation of the Michelle P. Waiver program (2008) and sunset the

exception on January 1, 2011. The exception, as endorsed by the Administrative Regulation Review Subcommittee at the time, was established to grant providers and recipients a transition time (temporary in nature) to arrange case management in a conflict free manner as required by the Centers for Medicare and Medicaid Services (CMS).

CMS has established a conflict free case management requirement and DMS is not aware that CMS is relaxing the requirement.

Additionally, DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver. Submitting an amendment to the waiver would expose the entire waiver to coercion from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(c) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 17 – Section 7 (3)(b)** Currently in the Michelle P. Waiver, the Community Mental Health Centers use the MAP 351 as an assessment to determine eligibility for the waiver. Within a year, the waiver recipient has to be reassessed for eligibility by the Community Mental Health Centers using the MAP 351. In the Supports for Community Living waiver program, Case Managers have been responsible for completing the MAP 351 for years and sending it to Carewise to determine eligibility. The waiver recipient's Case Manager meets the same academic requirements as the assessors from the Community Mental Health Centers who do the reassessments annually. We recommend after the initial assessment has been completed by the Community Mental Health Centers that the recipient's Case Manager be responsible for completing the annual reassessment for eligibility of services."

(d) Response: DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued

earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver. Submitting an amendment to the waiver would expose the entire waiver to coercion from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(e) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 18 – Section 7 (3) (c)2b** – "Contact the Michelle P. waiver recipient monthly through a face-to-face visit at the Michelle P. recipient's home, in the ADHC center, or the adult day training provider's location." Currently, Case Managers can only conduct a face-to-face visit in these three sites. This requirement contradicts a central premise of the waiver which is for recipients to receive services in a community setting. A large contingency of Michelle P waiver recipients are children who do not meet the age requirements to attend Adult Day Health Care (ADHC) and ADT centers. As such, the Case Manager can only go to the house to have a face. Sometimes, the requirement of the face-to-face visit only being in the home interrupts the service of Community Living Supports (CLS) because the waiver recipient has to physically be back in the home. We recommend removing restrictions on where the face-to-face visits occur and allow Case Managers the freedom to effectively monitor services where they occur."

(f) Response: DMS is not making any substantive changes to the administrative regulation at this time as explained in response (d) above.

(g) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 18 – Section 7 (3) (c) 3** – "shall not include a group conference". Is this not the same thing as a Person Centered Support Team meeting? Please define group conference or delete it from the regulation."

(h) Response: DMS is not making any substantive changes to the administrative regulation at this time as explained in response (d) above.

(i) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"Page 19 – Section 7 (3) (c) 5.b. – 'Progression, regression, and maintenance toward outcomes identified in the plan of care." In order for case managers to identify progression, regression, and maintenance toward outcomes in their monthly summary notes, they must review the monthly summaries from the service providers. Usually case managers just end up restating what was written by the service providers. We recommend this part of the regulation be changed to require the case manager to monitor and summarize the effectiveness of the individual services listed on the Plan of Care."

(j) Response: The case manager is responsible for overseeing the monthly notes to ensure that services are being provided. The case manager must summarize the effectiveness of the services by documenting progression, regression, and maintenance toward outcomes in order to ensure that services are being provided.

(k) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"Pages 19-20 – Section 7 (3) (c) 7. We recommend that there be an exception process to allow a recipient to keep his/her case manager even if the case management agency also provides a service to the recipient. To promote uniformity across waivers, the exception process should be the same as in 907 KAR 12:010."

(l) Response: DMS inserted an exception to the conflict free requirement during the initial implementation of the Michelle P. Waiver program (2008) and sunset the exception on January 1, 2011. The exception, as endorsed by the Administrative Regulation Review Subcommittee at the time, was established to grant providers and recipients a transition time (temporary in nature) to arrange case management in a conflict free manner as required by the Centers for Medicare and Medicaid Services (CMS).

CMS has established a conflict free case management requirement and DMS is not aware that CMS is relaxing the requirement.

Additionally, DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver. Submitting an amendment to the waiver would expose the entire waiver to coercion

from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(5) Subject: Suggested Removal of Requirements Regarding Notes

(a) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 22 – Section 7 (3) (g) 5.b.** – Respite is for relief of the primary caretaker and should not require a note that identifies progression, regression, and maintenance toward outcomes identified in the Plan of Care. Please remove the requirement for identifying progression, regression, and maintenance."

(b) Response: DMS agrees as this requirement was mistakenly inserted. DMS is removing the requirement via an "amended after comments" administrative regulation.

(c) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 23 – Section 7 (3) (h)** – An environmental and minor home adaptation service should not require a note detailing progression, regression, and maintenance toward outcomes identified in the Plan of Care. Typically, this is a one-time service during the plan of care year. We recommend deleting the note requirement and replacing it with documentation requirements listed in 907 KAR 12:010 for an environmental accessibility adaption service."

(d) Response: DMS agrees as this requirement was mistakenly inserted. DMS is removing the requirement via an "amended after comments" administrative regulation.

(11) Subject: Adult day training suggestions in Michelle P. Waiver

(a) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 27 – Section 7 (3) (l)8** – Require that an adult day training service provider conduct, at least annually, an orientation informing the recipient of supported employment and other competitive opportunities in the community." Since the Michelle P. Waiver regulations were originally written, there has been an increase in agencies providing supported employment services, many of which are not tied to adult day training centers. Likewise, there are adult day training providers who do not provide supported employment services. Some agencies provide both. To further promote freedom of choice, we recommend that the annual orientation on supported employment be done during the plan of care meeting and not made the obligation of the adult day training provider and that the recipient be allowed to opt out of the annual orientation if he/she makes it clear to the support team that it is not a service he/she wants."

(b) Response: DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver. Submitting an amendment to the waiver would expose the entire waiver to coercion from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(c) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 27 – Section 7 (3) (l) 10 a, b** 'Be provided to recipients age twenty-two (22) or older; or be provided to recipients age sixteen (16) to twenty-one (21) as a transition process from school to work or adult support services'. Persons with intellectual or developmental disabilities have two options when it comes transitioning from high school: graduate between ages 18-21 or choose to remain in school until their 21st birthday. We recommend allowing all recipients over age 18 to access adult day training (ADT) services and those age 16-18 be allowed to receive ADT as a transition process from school to work or adult support services."

(d) Response: DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver. Submitting an amendment to the waiver would expose the entire waiver to coercion

from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(12) Subject: Consumer-Directed Option

(a) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 35 – Section 8**– The Consumer-Directed Option (CDO) is prone to abuse and is frequently manipulated and corrupted by the workers of the waiver recipients (mainly families). Some, but not all, families seek out CDO services so they can get paid to care for their son, daughter, or other family member. Many of them would provide the same service in a non-funded system as a natural support. We recommend incorporating the same regulatory language used in 907 KAR 12:010 that spells out the criteria by which family members and a legally responsible individual may be approved to provide a service."

(b) Response: DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver. Submitting an amendment to the waiver would expose the entire waiver to coercion from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(c) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 41 – Section 8**– Currently when recipients choose CDO, in whole or blended services, they lose their Case Manager and must select a Support Broker. There is no option or personal choice in the matter. A Case Manager gets reimbursed at $50.00 per unit, with a cap of $200.00 per month. A Support Broker is reimbursed at $265.00 per month. We recommend that recipients be allowed to exercise freedom of choice and

keep their case manager when choosing CDO blended services (as allowed in 907 KAR 12:010) and that case managers be reimbursed the same as support brokers when managing CDO blended services."

(d) Response: DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver. Submitting an amendment to the waiver would expose the entire waiver to coercion from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(13) Subject: Incident Reporting Process

(a) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Pages 42- 43 – Section** 11 – We recommend changing the incident reporting process to mirror 907 KAR 12:010 to promote uniformity of risk management functions across waivers. reporting process to mirror 907 KAR 12:010 to promote uniformity of risk management functions across waivers."

(b) Response: DMS is currently performing a thorough review of all of its 1915(c) home and community based waiver programs to determine the changes needed to comply with a rule that the Centers for the Medicare and Medicaid Services (CMS) issued earlier this year regarding these programs. DMS is also trying to determine the amount of increased costs DMS will experience associated with complying with the rule.

DMS's preliminary belief is that compliance will increase DMS's expenditures significantly and DMS is facing a substantial budget deficit for the current state fiscal year.

Each state has five (5) years to bring each 1915(c) home and community based waiver program into compliance with the new rule. The requested change would necessitate an amendment to the corresponding 1915(c) home and community based services waiver.

Submitting an amendment to the waiver would expose the entire waiver to coercion from CMS (who reviews waivers and waiver amendments and decides whether or not to approve them and to provide federal funds) to bring the waiver in full compliance with the requirements in the HCBS rule issued by CMS earlier this year. DMS does not intend to submit any such waiver amendments to CMS this year nor make any substantive changes to the administrative regulation.

(c) Comment: Johnny Callebs, First Vice President of Public Policy, KAPP, stated:

"**Page 51 Section 16 (j)** – The Michelle P Waiver Incident Report Form has been updated since April 2, 2007. The latest revision is May 2013."

(d) Response: DMS is updating the incorporated material, via an "amended after comments" administrative regulation, by incorporating the May 2013 version of the form.

SUMMARY OF STATEMENT OF CONSIDERATION
AND
ACTION TAKEN BY PROMULGATING ADMINISTRATIVE BODY

The Department for Medicaid Services (DMS) has considered the comments received regarding 907 KAR 1:835 and is amending the administrative regulation as follows:

Page 3
Section 1(9) and 1(10)
Lines 1 to 4
After "(9)", delete the remainder of subsection (9) and delete "(10)".

Page 3
Section 1(11), 1(12), 1(13), 1(14), 1(15), and 1(16)
Lines 9, 10, 16, 17, 18, and 19
Renumber these six (6) subsections by inserting "(10)", "(11)", "(12)", "(13)", "(14)", and "(15)", respectively, and by deleting "(11)", "(12)", "(13)", "(14)", "(15)", and "(16)", respectively.

Page 4
Section 1(17)
Line 13
Renumber this subsection by inserting "(16)" and by deleting "(17)".

Page 5
Section 1(18), 1(19), 1(20), 1(21), and 1(22)
Lines 1, 2, 3, 6, and 8
Renumber these five (5) subsections by inserting "(17)", "(18)", "(19)", "(20)", and "(21)", respectively, and by deleting (18)", "(19)", "(20)", "(21)", and "(22)",

respectively.

Page 6
Section 1(23), 1(24), 1(25), and 1(26)
Lines 1, 4, 6, and 9
Renumber these four (4) subsections by inserting "(22)", "(23)", "(24)", and "(25)", respectively, and by deleting "(23)", "(24)", "(25)", and "(26)", respectively.

Page 6
Section 1(27)
Line
Before "(27)", insert the following:
(26) "Licensed psychologist" means an individual who:
(a) Currently possesses a licensed psychologist licensed in accordance with KRS 319.010(6); and
(b) Meets the licensed psychologist requirements established in 201 KAR Chapter 26.

After "(27)", insert the following:
"Licensed psychological practitioner" means an individual who:
(a) Meets the requirements established in KRS 319.053; or
(b) Is a certified psychologist with autonomous functioning.
(28)

Page 6
Section 1(28), 1(29), 1(30), and 1(31)
Lines 18, 20, 21, and 22
Renumber these four (4) subsections by inserting "(29)", "(30)", "(31)", and "(32)", respectively, and by deleting "(28)", "(29)", "(30)", and "(31)", respectively.

Page 7
Section 1(32), 1(33), 1(34), 1(35), 1(36), 1(37), 1(38), 1(39), 1(40), 1(41), and 1(42)
Lines 1, 2, 6, 7, 12, 13, 14, 16, 18, 21, and 22
Renumber these eleven (11) subsections by inserting "(33)", "(34)", "(35)", "(36)", "(37)", "(38)", "(39)", "(40)", "(41)", "(42)", and "(43)", respectively, and by deleting "(32)", "(33)", "(34)", "(35)", "(36)", "(37)", "(38)", "(39)", "(40)", "(41)", and "(42)", respectively.

Page 8
Section 1(43), 1(44), and 1(45)
Lines 1, 2, and 4
Renumber these three (3) subsections by inserting "(44)", "(45)", and "(46)", respectively, and by deleting "(43)", "(44)", and "(45)", respectively.

Page 8
Section 1(46)

Line 5
Before "(46)", insert the following:
(47) "State plan" is defined by 42 C.F.R. 400.203.
(48)

Delete "(46)".

Page 8
Section 1(47) and 1(48)
Lines 16 and 20
Renumber these two (2) subsections by inserting "(49)" and "(50)", respectively, and by deleting "(47)" and "(48)", respectively.

Page 9
Section 1(49)
Line 6
Renumber this subsection by inserting "(51)" and by deleting "(49)".

Page 22
Section 7(3)(g)5.b. and c.
Line 22
After "b." delete the remainder of clause b. and delete the notation "c.".

Page 23
Section 7(3)(g)5.d.
Line 2
Renumber this clause by inserting "c." and by deleting "d.".

Page 23
Section 7(3)(h)5.a.
Line 12
After "covers;" insert "and".

Page 23
Section 7(3)(h)5.b. and c.
Lines 13 to 15
After "b." delete the remainder of clause b. and delete the notation "c.".

Page 47
Section 11(9)
Line 11
After the period, insert a return and the following:
(10) An individual who is:
(a) At least twenty-one (21) years of age and who is placed on the Michelle P. Waiver Program waiting list shall be informed about and told how to apply for Medicaid state plan services for which the individual might qualify; or

(b) Under twenty-one (21) years of age and who is placed on the Michelle P. Waiver Program waiting list shall be informed about:
1. And told how to apply for Medicaid state plan services for which the individual might qualify; and
2. Early and Periodic Screening, Diagnostic, and Treatment services.

Page 50
Section 16(1)(b)
Line 15
After "Memorandum'," insert "August 2008".
Delete "February 2001".

Page 50
Section 16(1)(d)
Lines 18 to 19
After "Services',", insert "July 2008".
Delete "March 2007".

Page 51
Section 16(1)(e)
Line 1
After "Form',", insert "July 2008".
Delete "January 2000".

Page 51
Section 16(1)(f)
Line 3
After "Assessment',", insert "July 2008".
Delete "March 2007".

Page 51
Section 16(1)(g)
Line 5
After "(CDO)',", insert "July 2008".
Delete "March 2007".

Page 51
Section 16(1)(h)
Line 6
After "Services',", insert "August 2014".
Delete "March 2007".

Page 51
Section 16(1)(i)
Lines 7 and 8
After "Contract',", insert "August 2010".

Delete "May 4, 2007".

Page 51
Section 16(1)(j)
Line 9
After "(j)[~~(m)~~] '", insert "Michelle P. Waiver".

After "Form',", insert "May 2013".
Delete "April 2, 2007".

After "[~~edition~~];", insert "and".

Page 51
Section 16(1)(k) and (l)
Lines 10 and 11
After "(k)[~~(n)~~]", delete the following:
"Michelle P. Waiver Medication Error Report", November 19, 2008; and
(l)